

# TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME Clark Blanchard		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Director of Advance		CB/ID NUMBER		DIVISION OR BUREAU Advance	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
19-Jan	230p-9p	Sac/Stanford/Sac				5.46						0.00		5.46
27-Jan	11am-6pm	LA/Sac/LA						317.40	Air	49.00	12	5.34		371.74
28-Jan	6:00 AM	Sac/Fresno	94.08	6.00		18.00			PC		200	89.00		207.08
29-Jan	3:30 PM	Fresno/Sac			7.87		6.00		PC		200	89.00		102.87
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			94.08	6.00	7.87	23.46	6.00	317.40	0.00	49.00	412	183.34	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$687.15	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

**19-Jan:** Advance for Governor's moderated discussion at the Hoover Institute dinner.

**27-Jan:** Advance for Governor's tour and press conference at BNSF Railways. Note: Event was added for the next day in Fresno, so I was diverted there instead.

**28-29-Jan:** Advance for Governor's High Speed Rail Celebration in Fresno, CA.

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER 5PGJ014
MILEAGE RATE CLAIMED 0.445
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAID BY REVOLVING FUND CHECK NUMBER 240862

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt.

CLAIMANT'S SIGNATURE	DATE 2/1/10	SIGNATURE OF OFFICER APPROVING TRAVEL EXPENDITURE	DATE 2/2/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	